

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	3-30-99
O.I.R.E. CLASSIFIER		5	4-5-99
FORMALITY REVIEW	RWB	170976	4-14-99
	RWB	170976	6-30-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	
1	8
2	9
3	10
4	11
5	12
6	13
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42	49
43	50

Claim	Date
Final Original	
51	52
53	54
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89	90
91	92
93	94
95	96
97	98
99	100

Claim	Date
Final Original	
101	102
103	104
105	106
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149	150

If more than 150 claims or 10 actions
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